

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official
capacity as President of the United States of
America, et al.,

Defendants.

NO.

DECLARATION OF
CORRIE PIPER, MS MFT, LMHC,
LPC, LCPC

DECLARATION OF
CORRIE PIPER, MS MFT, LMHC, LPC,
LCPC

ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

1 I, Corrie Piper, declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
3 this declaration based on my personal knowledge.

4 2. I practice in Spokane, Washington.

5 3. I am a licensed Mental Health Counselor licensed by the Washington State
6 Department of Health. I earned a Bachelor's degree in psychology at the University of Nevada
7 Reno. I earned a Master's of Science degree in Marriage and Family Therapy/Counseling at
8 Capella University. I earned a Certificate in Psychological Trauma at the University of
9 Washington. I am a certified EMDR therapist and approved consultant in Eye Movement
10 Desensitization and Reprocessing Therapy through EMDRIA.

11 4. I have 15 years of experience working in the mental health field, with the last four
12 years in private practice. I have specialized in trauma therapy since 2012 and gender-affirming
13 care since 2017.

14 5. I currently work as a Mental Health Counselor at Alive Holistic Counseling in
15 Spokane, Washington. In this role, I am a counselor for clients in all walks of life, ranging from
16 children to adults. I provide individual and family counseling, including gender-affirming
17 counseling for trans youths and adults. I estimate I have worked with over 50 trans clients
18 throughout my career.

19 6. My trans youth clients generally range from 12-18 years old. In my capacity as a
20 counselor, I help these clients with a wide variety of issues such as navigating gender expression,
21 identifying how gender dysphoria presents for them, and understanding their individual
22 experiences, while also looking for any potential underlying mental health conditions that may
23 need to be addressed. I have also written dozens of diagnostic letters for patients seeking medical
24 intervention. For my youth patients, these letters were all for patients seeking hormone-
25 replacement therapy, not surgery.
26

1 7. Many of my relationships with my patients span years. I have some patients I
2 have been seeing upwards of five years as I continue to support them in their transition.

3 8. In providing gender-affirming care, I have seen firsthand the life-changing
4 positive effects this care has on trans kids. When kids first come to me presenting with issues
5 involving gender identity, it often starts with a concerned parent seeking help for their child or a
6 primary care doctor referral for depression and/or anxiety. These kids don't feel good in who
7 they are. They feel uncomfortable in social settings and sometimes are even afraid to leave the
8 house. Many experience suicidal ideation. The deep-seated sadness and insecurity these kids feel
9 can become so overwhelming to the point of being unable to function. This is in stark contrast
10 to what I see in my clients after they begin receiving gender-affirming care. Not only are they
11 happier and more confident in themselves, but there are also noticeable improvements in their
12 social lives, personal relationships, and overall quality of life. It is not as though kids receiving
13 gender-affirming care are magically cured, but they become hopeful. They feel better about
14 themselves and like they have a future worth looking forward to.

15 9. It is amazing to see kids go from sad to happy, confident, being proud of who
16 they are, finding themselves, and putting themselves out there. There's nothing like it.

17 10. A common misconception about gender-affirming care is that it only comes in
18 the form of treatments like hormone replacement therapy or surgeries, when in actuality it comes
19 in many forms, such as wearing gender-affirming clothes, choosing a preferred name and
20 pronouns, and exploring how people would like to present themselves. Gender-affirming care in
21 the form of hormone-replacement therapy and surgery, if wanted, comes after a significant
22 amount of consideration, thoughtful conversations, and medical consultations. These are not
23 decisions that are made lightly and involve a team of support and comprehensive care.

24 11. When I first meet with a kid, I need to establish rapport. I talk to them, and if they
25 disclose they are questioning their gender or have dysphoria, we explore it. I don't encourage
26

1 decisions without family support. Kids are usually nervous to tell their parents about these issues,
 2 but I help them prepare by doing prep work and, bringing the parents in. The idea is to have
 3 everyone supporting the kiddo.

4 12. In my experience, the whole family is involved in the decision to undergo
 5 gender-affirming care. In my role, I listen to the kid and if necessary I will send them to a doctor
 6 to talk about pros and cons and collaborate with the doctor as needed. It's definitely a team
 7 approach. It's not a kid saying I want HRT and a doctor just saying ok. It's not a parent or other
 8 adult telling the kid to do it. It's a team approach to making an informed decision.

9 13. In my experience, I have never had a client that has regretted receiving
 10 gender-affirmative care. The only regret I have seen from a client that has received
 11 gender-affirming care is that they didn't begin the process sooner.

12 14. I cannot stress enough how vital gender-affirming care is for the wellbeing of
 13 those who need it, which is what makes this Executive Order so terrifying. Denying access to
 14 gender-affirming care is denying someone the right to live in a body that aligns with their identity
 15 and the internal peace that comes with feeling true to yourself. If this Executive Order stands,
 16 the negative effects will be immediate and detrimental to trans kids. It directly threatens their
 17 right to simply exist. Depression and anxiety will increase and suicides will spike.

18 15. As a mental health counselor, it is my ethical duty to follow the standard of care
 19 for those who seek it. When there is a way to treat a diagnosis, withholding that treatment is not
 20 ethical and not best practice. For individuals struggling with gender identity, we have
 21 gender-affirming care. I have an obligation to provide that care to those who need it and can't
 22 imagine having to turn someone away.

23 16. This Executive Order will also negatively impact my practice. Around 20% of
 24 my clients rely on Medicaid for their care and this Executive Order would cease their coverage
 25 for gender-affirming care. My clients have expressed worry about the potential loss of coverage
 26

1 and what that means for their future. For those currently in the process of receiving
 2 gender-affirming care, the loss of coverage would be particularly devastating and inflict both
 3 severe mental and physical harm as they have to navigate losing access to that care.

4 17. Over the past few months, I have noticed my trans patients becoming increasingly scared.
 5 There seems to be a collective feeling that they will be erased, that they are not allowed to be
 6 who they are, that they do not exist. I have had several people consider halting their transitions.
 7 In my sessions, we have had to weigh pros and cons, and for now I am just trying to orient them
 8 to safety. It's unfortunate that that is what I am doing now, but my patients are scared.

9 I declare under penalty of perjury under the laws of the State of Washington and the
 10 United States of America that the foregoing is true and correct.

11 DATED this 3 day of February 2025 at Spokane, Washington.

12
 13 
 14 _____
 Corrie Piper
 Mental Health Counselor